

TRANSGENDER HEALTH CARE: YOU CAN DO IT!

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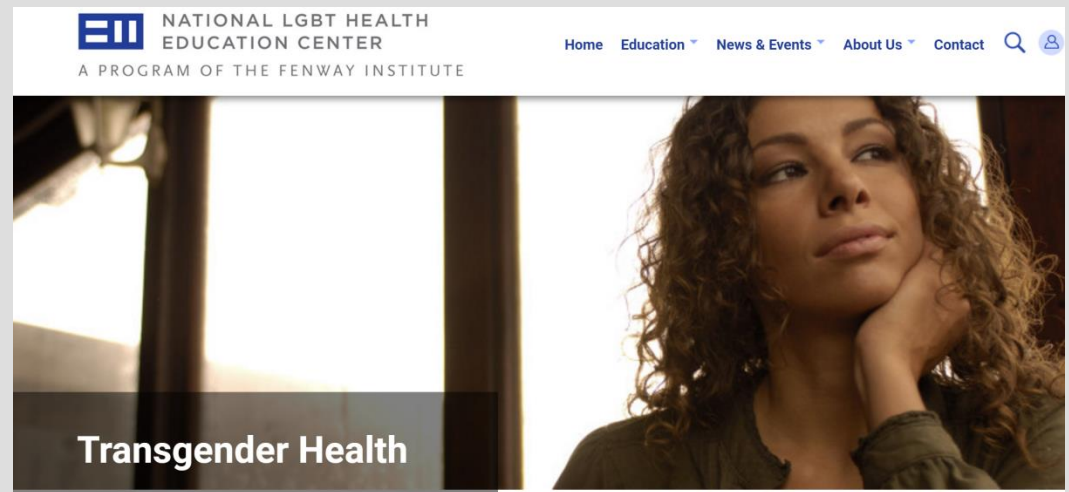
OBJECTIVES



- Review gender terminology and transition paths
- Illustrate health care barriers for patients and providers
- Learn how to create a welcoming clinical environment for transgender persons
- Discuss sexual health care for transgender persons

CLINICAL EDUCATION

- Clinical training (?)
- Self-taught on the job
- WPATH Standards of Care
- UCSF Center of Excellence
- National LGBT Health Education Center



TERMINOLOGY & TRANSITION

TERMINOLOGY



Biological sex: primary and secondary birth characteristics; anatomy, chromosomes and hormones

Intersex: a variety of conditions in which a person is born with reproductive or sexual anatomy that does not correspond to typical definitions of female or male

Gender identity: psychological quality; individual's self-perception as male, female, both, or neither

Cisgender (cis): sex assigned at birth same as gender identity

Sexual orientation: term used to signify sexual attraction, behavior, and/or identity

TERMINOLOGY



Transgender woman/trans woman: assigned male at birth with a female/feminine gender

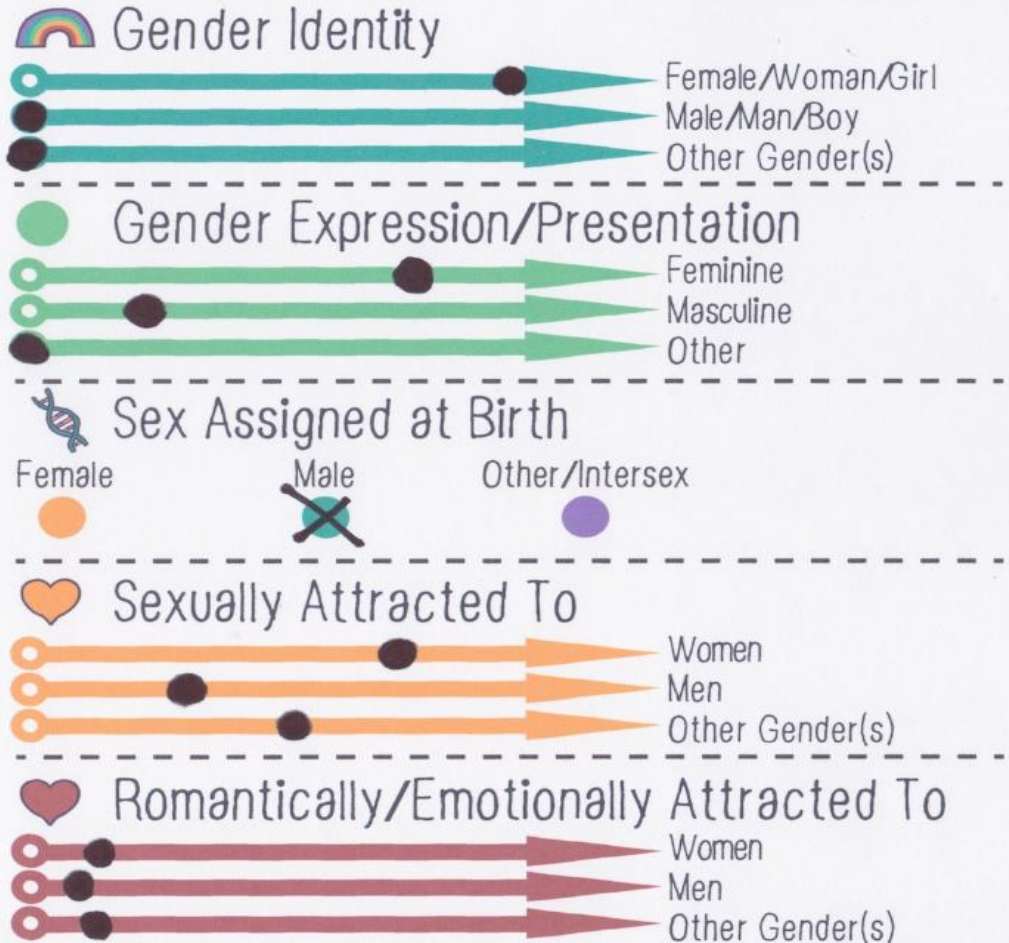
Transgender man/trans man: assigned female at birth with a male/masculine gender

Genderqueer/gender non-conforming: identify as neither entirely male nor female, or a combination of both, or who present in a non-gendered way



The Gender Unicorn

Graphic by:
TSER
Trans Student Equality Resources



To learn more go to:
www.transstudent.org/gender

Design by Landyn Pan

PRONOUNS –VERY IMPORTANT!

- Binary pronouns
 - he, him, his
 - she, her, hers
- Non-binary pronouns
 - they, them, theirs
 - ze, hir
- If you misgender someone...



APOLOGIZE AND PROCEED

TERMINOLOGY: WHAT NOT TO SAY

Words that are offensive to transgender people:

- She-male or He-she
- It
- Trannie or tranny
- “Real” woman or “real” man
- Transgendered or a transgender

Unhelpful questions or comments:

- When did you decide to be a man/woman?
- You look so real. I never would have known.
- Have you had/ do you want THE surgery?
- What is your real name?



TERMINOLOGY

Gender transition/gender affirmation – the process of coming to recognize, accept, and express one's gender identity

- When a person makes changes that are visible to others (e.g., changes to appearance, changes to their name and gender presentation); “pass” also used
- “Affirmation” used because it allows people to recognize one's gender identity externally

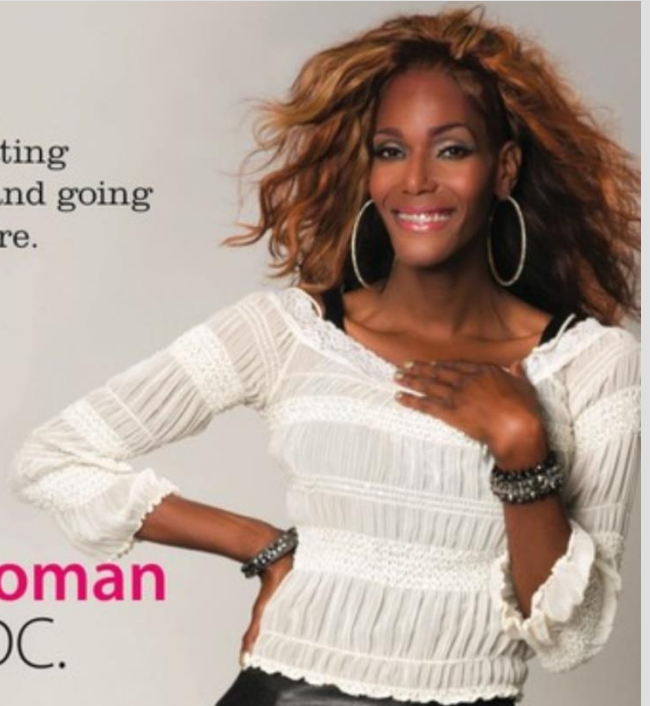


STEPS OF A TRANSITION JOURNEY

- Psychological (sense of self)
- Medical (hormone therapy)
- Social (outward expression)
- Surgical
- Legal (identity documents)

“I love wandering through Smithsonian museums, eating on H Street with friends, and going to shows at Howard Theatre.

I'm a
transgender woman
and I'm part of DC.



TRANSITION: A UNIQUE EXPERIENCE

- Transgender people may decide to transition at any age
- Not all transgender people wish to transition completely to one gender
- They may or may not change their name or pronouns
- They may or may not use hormones or have surgery



POPULATION HEALTH

HOW MANY PEOPLE ARE TRANS*?

There are 1.4 million adults who identify as transgender in the U.S. or 0.6% of the adult population



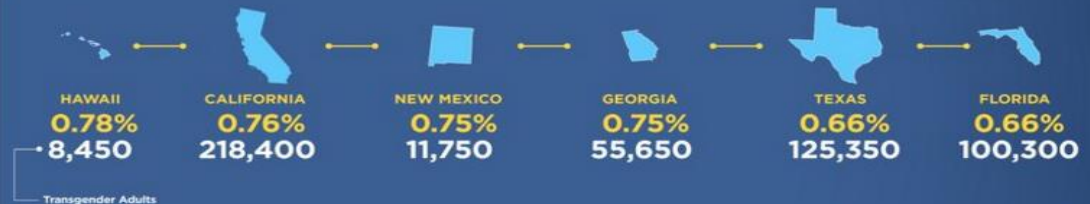
State-level estimates range from **0.3%** in **North Dakota** to **0.8%** in **Hawaii**.



2.8%: Washington D.C. has highest percentage of transgender-identified adults



States with highest percentages of transgender-identified adults:



Younger adults are more likely than older adults to identify as transgender

% Transgender By Age



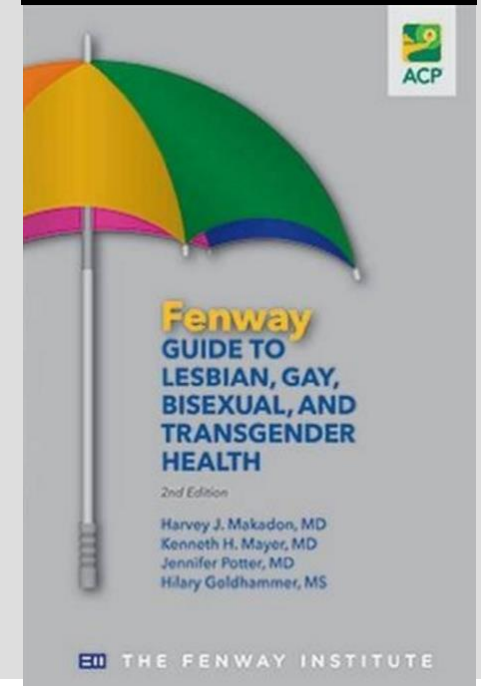
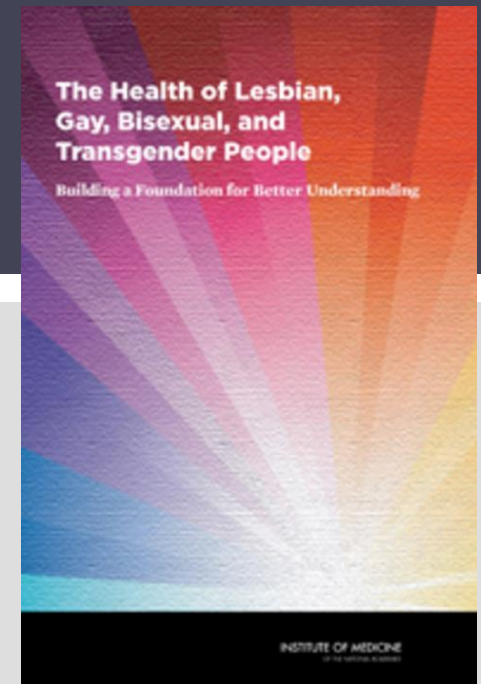
HEALTH CONCERNS

- ☐ HIV
- ☐ Mental health
- ☐ Suicidality and non-suicidal self-harm
- ☐ Substance use and abuse
- ☐ Tobacco use
- ☐ Violence and victimization
- ☐ Discrimination
- ☐ Delay seeking health care
- ☐ Health insurance non-coverage
- ☐ Lack of culturally competent care



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2015 US TRANSGENDER SURVEY REPORT

Violence

- 1 in 10 reported family violence
- K-12: 54% verbal assault, 24% physical assault, 13% sexual assault
- 30% mistreated at work or fired because of gender

Social

- 29% living in poverty vs. 14% general US population
- 15% unemployed vs. 5% general US population
- 30% experienced homelessness at some point

Mental Health

- 40% attempted suicide in their lifetime vs. 4.6% US general population
- 39% experienced serious psychological distress

2015 US TRANSGENDER SURVEY REPORT

Restrooms

- 59% avoided using public restrooms out of fear
- 32% limited amount of food/drink
- 8% had UTI or kidney infection

Substance Use

- 25% used MJ vs. 8% general US population
- 29% reported illicit/MJ/nonprescribed vs. 10% US
- 49% working in underground economy reported binge drinking

Police

- 58% reported mistreated if known to be transgender
- 57% would feel uncomfortable asking police for help if they needed it

STIS: COHORT DATA

San Francisco 2006-2009, 60 trans men, 223 trans women

- Rates of gonorrhea of any site equal between trans men/women
- Trans men = higher rates of urogenital chlamydia
- No significant difference in syphilis or HIV rates

San Diego 2008-2014, 30 trans men, 151 trans women

- About 13% reported history of STIs
- HIV rate 2% vs. 3% for trans men and trans women-not significant

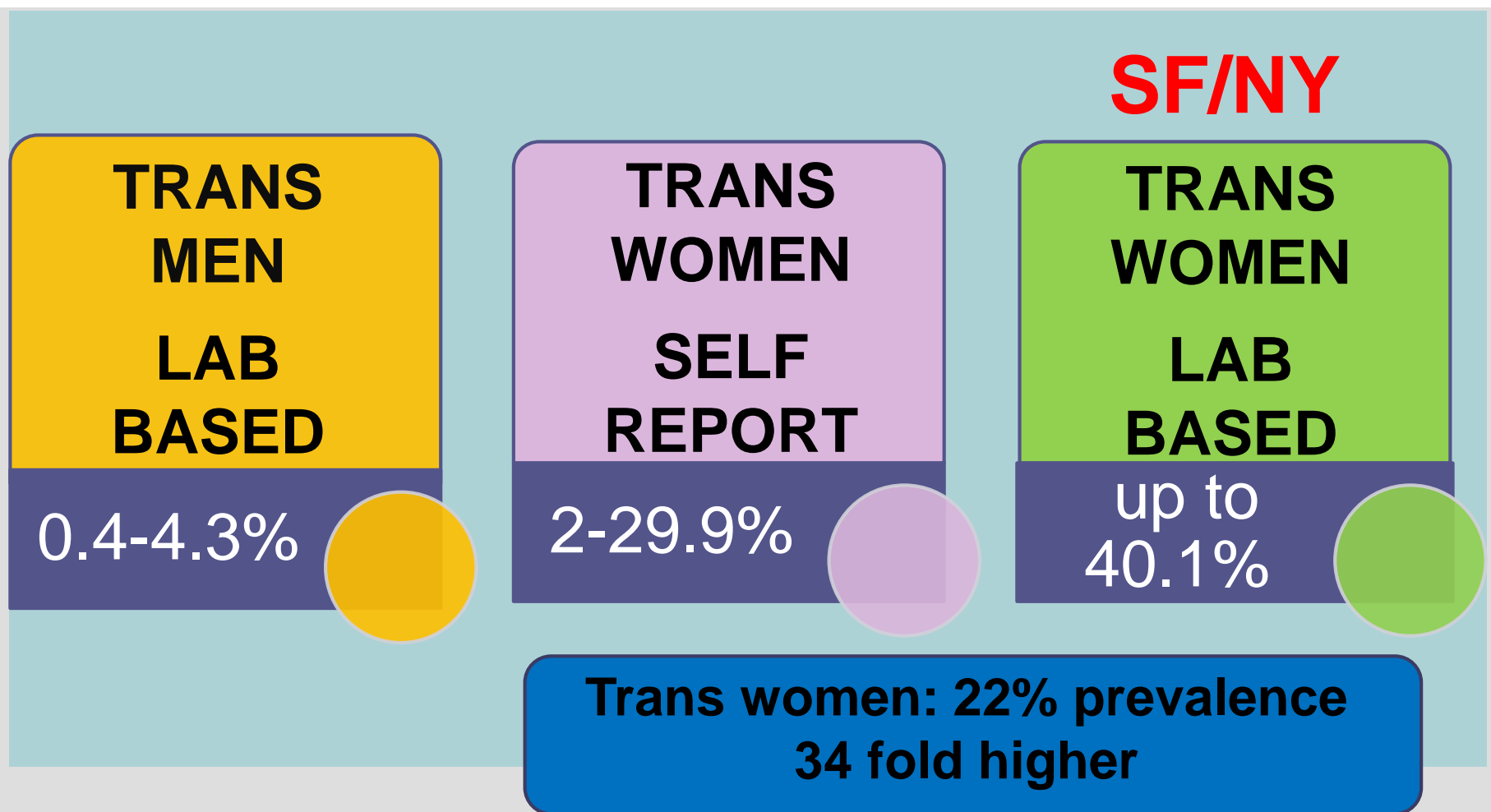
Boston 2001-2010, 12-29 y/o: 63 trans women, 82 trans men

- Almost half engaged in condomless sex
- Similar STIs except higher gonorrhea in trans women
- More sex work & casual partners in trans women, more primary partners in trans men

CDC STD Surveillance Report

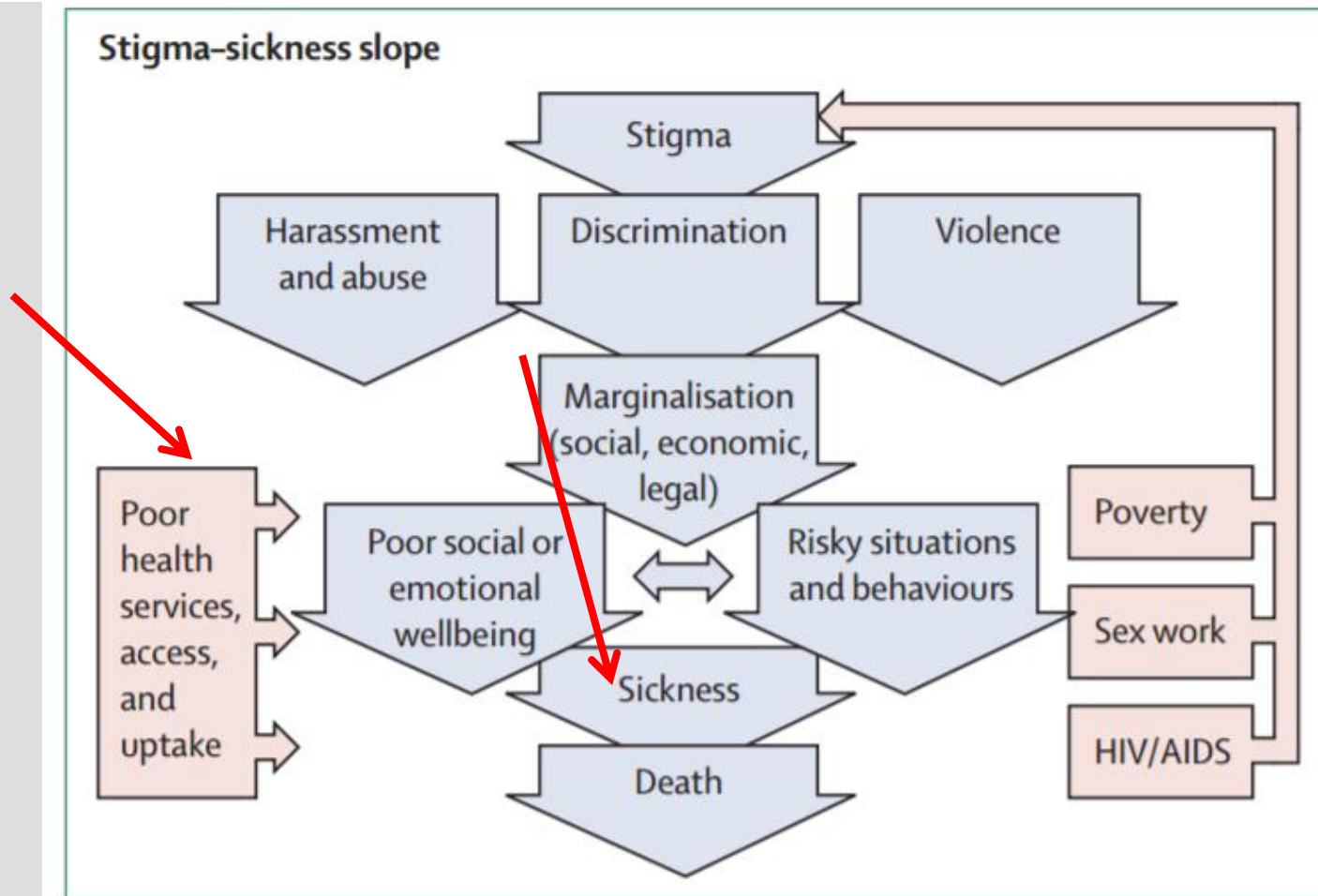
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U.S. HIV PREVALENCE RATES



BARRIERS TO CARE

MARGINALIZATION & HEALTH



USTS REPORT: MEDICAL CARE BARRIERS

Insurance Coverage

- 13% were denied insurance coverage for gender specific health services
- 25% were denied insurance coverage for hormones
- 55% denied insurance coverage for surgery

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality

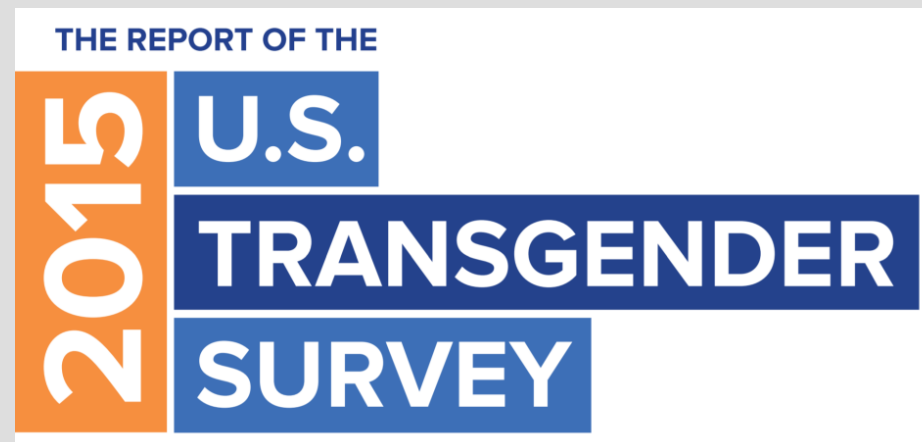


USTS REPORT: MEDICAL CARE BARRIERS

Access to Care

- 23% feared mistreatment and did not seek care
- 33% did not seek care due to cost
- 3x more likely to travel >50 miles for transgender specific care
- 78% wanted hormone therapy treatment; 49% actually received it

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality



USTS REPORT: MEDICAL CARE BARRIERS

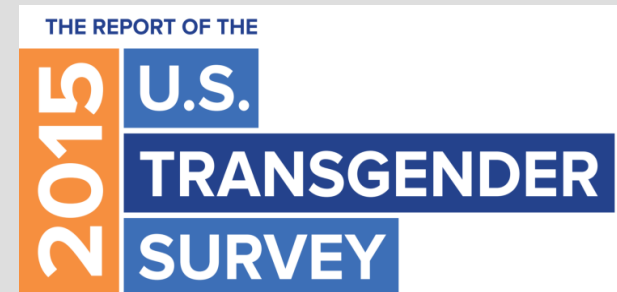
Health Care Providers (HCP)

■ Lack of knowledge

- 40% reported their HCP knew they were transgender
- 24% had to teach HCP about transgender care

■ Discrimination

- 1 in 3 had negative experience with HCP
 - Asked them unnecessary questions about transgender status (15%)
 - Refused to give transition care (8%)
 - Used harsh/abusive language (5%)
 - Were physically or sexually assaulted (1%)



PATIENT EXPERIENCE

“Multiple medical professionals have misgendered me, denied to me that I was transgender or tried to persuade me that my trans identity was just a misdiagnosis of something else, have made jokes at my expense in front of me and behind my back, and have made me feel physically unsafe. I often do not seek medical attention when it is needed, because I’m afraid of what harassment or discrimination I may experience in a hospital or clinic.” *Anonymous, USTS Report, 2015*

WELCOMING TRANSGENDER PATIENTS

GENDER AFFIRMING MEDICAL CENTER TIPS

**Ask everyone their sexual orientation,
gender identity, and pronoun**

(And write it down in their chart, tell your team, etc.)

1. What is your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Transman/FTM
- ☐ Transgender Female/Transwoman/MTF
- ☐ Genderqueer
- ☐ Additional category (please specify): _____
- ☐ Decline to answer

2. . What sex were you assigned at birth?

- ☐ Male
- ☐ Female
- ☐ Decline to answer

3. What pronouns do you prefer (e.g., he/him, she/her)? _____

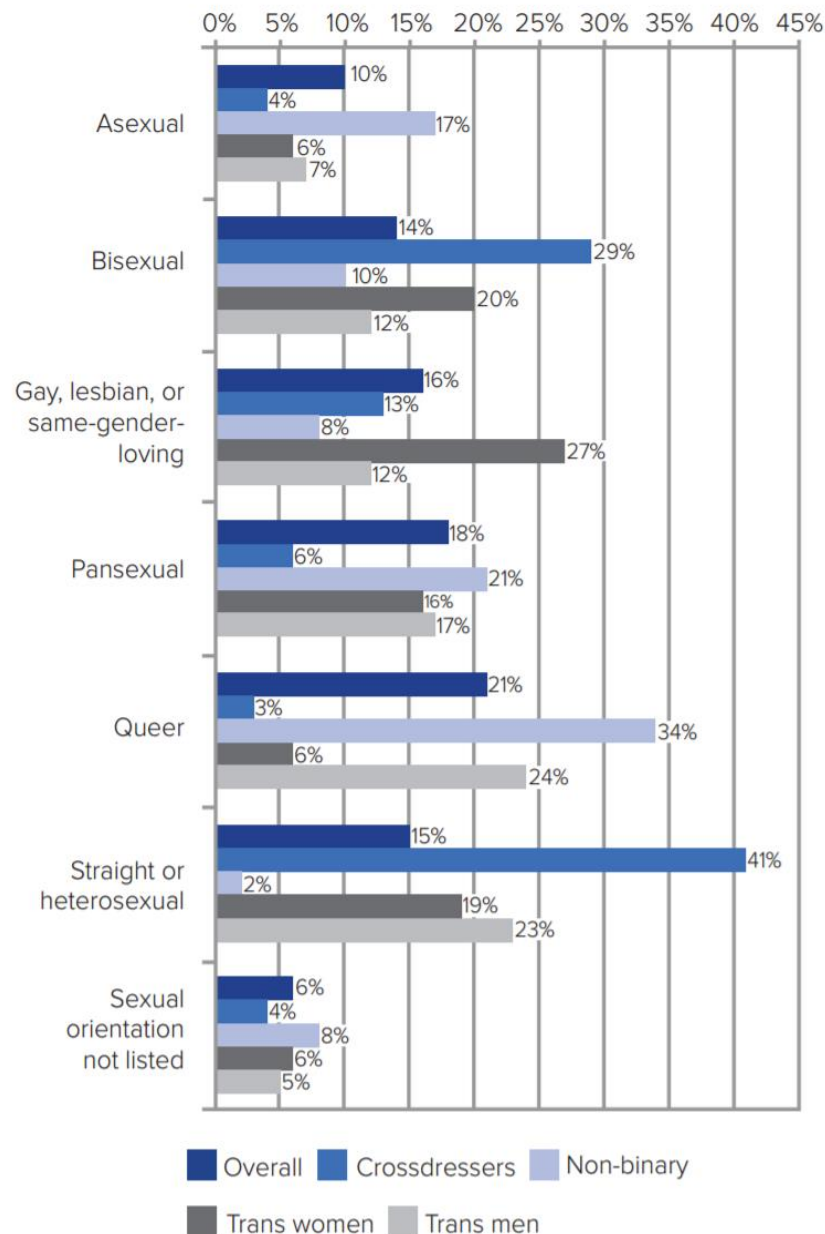
GENDER AFFIRMING MEDICAL CENTER TIPS

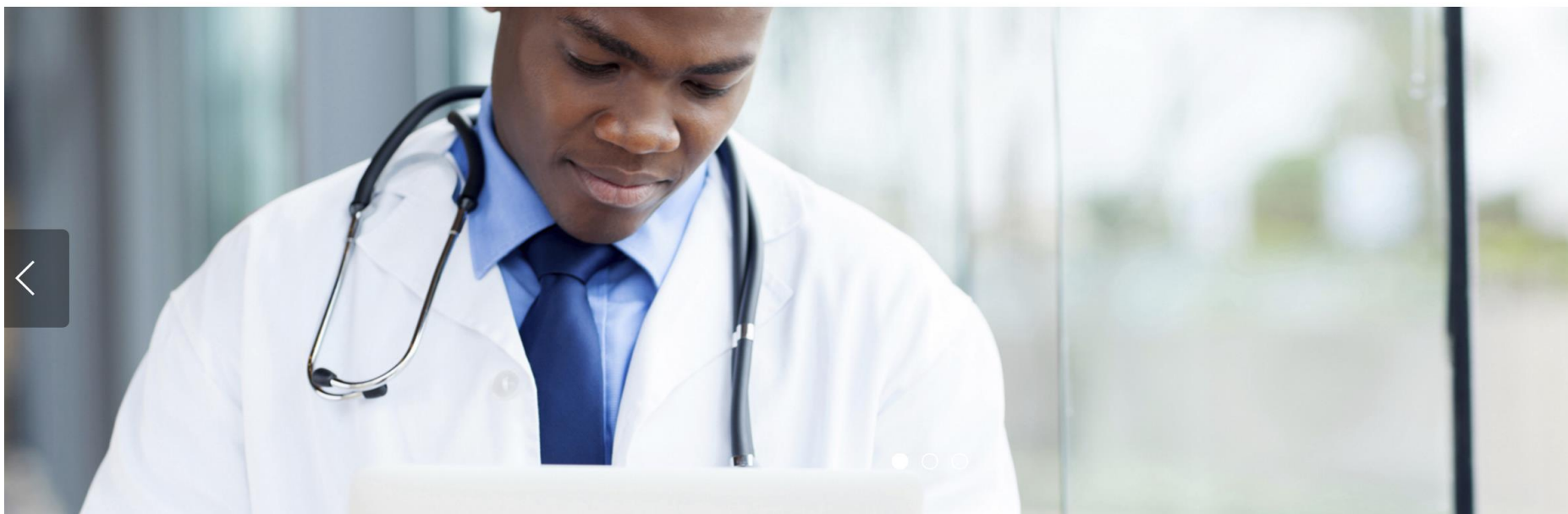
**Do not assume
anything about one's
identity...**

**Gender identity does
NOT equal sexual
orientation!**

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016).
The Report of the 2015 U.S. Transgender Survey. Washington, DC:
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Figure 4.28: Sexual orientation





Do Ask, Do Tell

A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings

Front Line Staff – Customer Service

Best Practices	Examples	Customer service Principle
Avoid specific gender markers	"How may I help you today?"	RESPONSIVENESS
Politely ask if you are unsure about a patient's preferred name or pronoun	"I would like be respectful—how would you like to be addressed?" or "What name and pronoun would you like me to use?"	OPEN-MINDEDNESS
Ask respectfully about names	"Could your chart be under another name?" Avoid: "What is your legal name? What is your real name?"	COMMUNICATION
Did you goof? Politely apologize	"I apologize for using the wrong pronoun. I did not mean to disrespect you."	ACCOUNTABILITY
Gender neutral language	Use "they" instead of "he" or "she".	RELIABILITY
Only ask information that is required	Ask yourself: What do I want to know? What do I need to know? How can I ask in a sensitive way?	RESPECT



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http://www.lgbthealtheducation.org/wp-content/uploads/Sari-slides_final1.pdf; Accessed 3/8/17.

GENDER AFFIRMING MEDICAL CENTER TIPS

- Display photos or ads of gender diversity
- Offer single occupancy or gender neutral bathrooms
- Post non-discrimination policy
- Change patient intake and HR forms to include gender identity options
- Ensure safety in lobby and parking areas



MOST IMPORTANTLY...

GENDER AFFIRMING MEDICAL CARE

■ Practice TRUE patient centered care!

- Being transgender does not always lead to being a victim or negative health outcomes
- Resilience and survival instincts are strong
- Ask about their experiences and listen to what they need
- Many have positive health care experiences and want to be an active partner in their care

**New Mexico Trans Women
of Colour Coalition**



SEXUAL HEALTH

GENDER AFFIRMING SEXUAL HEALTH CARE TIPS

- Do not ask irrelevant questions about their transition
- Do not perform genital exams unless necessary
- Be aware of gender-neutral language for anatomy
 - Mirror their language or ask what they prefer
 - Chest, pelvic area, “front hole”
- Be open about knowledge deficiency
 - Offer to ask colleague
 - Work as a team

Optimizing Transgender Health

A core course for healthcare providers.

GENDER AFFIRMING SEXUAL HEALTH CARE TIPS

- Perform comprehensive sexual history
 - Include anatomical inventory
- Order extragenital testing
 - Trans women AND trans men
- Review pregnancy and fertility planning
 - Trans women AND trans men
- Employ harm reduction
 - Openness to sex trade, condomless sex, multiple partners, etc.
- Advise HAV, HBV, MCV, HPV vaccines



PrEP, PrEP, PrEP, PrEP, PrEP!!!

PREP CONSIDERATIONS

- Trans men AND trans women are candidates
 - Get comfortable with your sexual history questions!
- No known interactions between hormones and Truvada
- Trans men on testosterone will have increased muscle mass
 - Use male ranges of creatinine during evaluation
- Counsel trans men who have receptive frontal sex that it will take 20 days for Truvada to penetrate vaginal tissues
- Focus on bone health for trans women (especially s/p orchiectomy) on Truvada



RECOMMENDATIONS



- **Ask SO/GI and consistently use stated name and pronoun**
- Seek training online or in person
- Remember transgender people have varied sexual experiences
- Practice trauma-informed and integrated care
- Refer patients when needed for specialty care
- Share your experiences with colleagues!